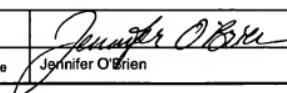


TRANSMITTAL FORM		Application Number	10/700,299
(To be used for all correspondence after initial filing)		Filing Date	October 31, 2003
(Indicate Number of Pages in This Submission)		First Named Inventor	DiFrancesco, David
12		Art Unit	2615
		Examiner Name	Unassigned
		Attorney Docket Number	021751-002160US



ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard <input type="checkbox"/> PTO/SB/08A & PTO/SB/08B <input type="checkbox"/> Copies of PCT Search Report and Written Opinion
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Stephen Y. Pang		
Date	September 1, 2005	Reg. No.	38,575

CERTIFICATE OF TRANSMISSION/MAILING			
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p>			
Signature			
Typed or printed name	Jennifer O'Brien	Date	September 8, 2005

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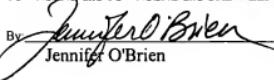
PATENT
Attorney Docket No.: 021751-002160US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 9-8-05



TOWNSEND and TOWNSEND and CREW ECP

By 
Jennifer O'Brien

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

David DiFrancesco

Application No.: 10/700,299

Filed: October 31, 2003

For: VIDEO TO FILM FLAT PANEL
DIGITAL RECORDER AND METHOD

Examiner: Unassigned

Art Unit: 2615

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

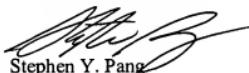
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Please find enclosed copies of the Search/Examination report and Written Opinion corresponding to the PCT application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Stephen Y. Pang
Reg. No. 38,575

TOWNSEND and TOWNSEND and CREW LLP
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San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
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60577525 v1



Substitute for form 1449A&B/PTO 44				Complete If Known	
				Application Number	10/700,299
				Filing Date	October 31, 2003
				First Named Inventor	DiFrancesco, David
				Art Unit	2615
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	021751-002160US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/DC/	1	4,715,683 A	12-29-1987	Gregory et al.	
/DC/	2	4,985,762 A	01-15-1991	Smith	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)			
						<input type="checkbox"/>
						<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			
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					<input type="checkbox"/>

Examiner Signature	/David Czekaj/	Date Considered	12/07/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.